

PART B - FEE(S) TRANSMITTAL

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23280 7590 09/05/2008

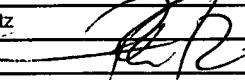
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485 Seventh Avenue, 14th Floor
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10/17/2008 HDMESS2 00000067 10521515

01 FC:1501 1510.00 OP
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Oliver Platz	(Depositor's name)
	(Signature)
October 15, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/521,515	10/14/2008	Gerhard Berger	510.1116	2109

TITLE OF INVENTION: DEVICE AND METHOD FOR HUMIDIFYING A GAS FLOW

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1510	\$300	\$1810	12/05/2008
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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GREENE, JASON M	1797	096-004000
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|--|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 <u>Davidson, Davidson & Kappel, LLC</u>

2 _____

3 _____ |
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<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Daimler AG

Stuttgart, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 6

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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0552 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature W.C. Gehris

Date October 15, 2008

Typed or printed name William C. Gehris

Registration No. 38,156

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